

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580 858

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		4				
9		4				
10		4				
11		0				
12		0				
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14		0				
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18		0				
19		0				
20		0				
21		0				
22	1					
23			1			
24				/		
25				/		
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47				/		
48				/		
49				/		
50			1			
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		26	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						